

**Fill in this information to identify the case**

Debtor name Skyline EMS Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) 16-70551

☐ Check if this is an amended filing

## Official Form 206A/B

**Schedule A/B: Assets -- Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

## 1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

## 2. Cash on hand

## 3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>International Bank of Commerce</u>	<u>Checking account</u>	<u>4 1 7 3</u>	<u>\$5,870.00</u>
3.2. <u>International Bank of Commerce</u>	<u>Checking account</u>	<u>8 4 0 2</u>	<u>\$1,130.96</u>
3.3. <u>Texas National Bank</u>	<u>Checking account</u>	<u>5 6 1 8</u>	<u>\$7,061.44</u>

## 4. Other cash equivalents (Identify all)

Name of institution (bank or brokerage firm)

## 5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$14,062.40****Part 2: Deposits and prepayments**

## 6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

Debtor **Skyline EMS Inc.**  
NameCase number (if known) **16-70551**Current value of  
debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

**\$0.00****Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes. Fill in the information below.

Current value of  
debtor's interest**11. Accounts receivable**

11a. 90 days old or less:	<u>\$653,292.81</u>	—	<u>\$0.00</u>	=	..... →	<u>\$653,292.81</u>
	face amount		doubtful or uncollectible accounts			
11b. Over 90 days old:	<u>\$359,107.70</u>	—	<u>\$0.00</u>	=	..... →	<u>\$359,107.70</u>
	face amount		doubtful or uncollectible accounts			

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$1,012,400.51****Part 4: Investments****13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes. Fill in the information below.

Valuation method  
used for current valueCurrent value of  
debtor's interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

**\$0.00****Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.  
☐ Yes. Fill in the information below.

Debtor **Skyline EMS Inc.** Case number (if known) **16-70551**  
 Name

General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				
23. Total of Part 5 Add lines 19 through 22. Copy the total to line 84.				\$0.00
24. Is any of the property listed in Part 5 perishable?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____				
26. Has any of the property listed in Part 5 been appraised by a professional within the last year?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

### Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?

☒ No. Go to Part 7.

☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops--either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6. Add lines 28 through 32. Copy the total to line 85.			\$0.00
34. Is the debtor a member of an agricultural cooperative?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____			
36. Is a depreciation schedule available for any of the property listed in Part 6?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
37. Has any of the property listed in Part 6 been appraised by a professional within the last year?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

Debtor **Skyline EMS Inc.**  
NameCase number (if known) **16-70551****Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software			
1 Television	\$300		
1 Sofa set	\$150		
20 Chairs	\$1000		
1 Vacuum	\$50		
1 Safe	\$100		
1 Phone System	\$800		
1 Word Processor	\$80		
1 Time Clock	\$75		
1 DVD Player	\$25		
2 Coffee Tables	\$50		
1 End Table	\$25		
5 Desktop Computer systems	\$500		
5 Laptop Computer Systems	\$500		
2 Monitors	\$200		
2 Printers	\$200		
8 Filing Cabinets	\$600		
gen. Office Inventory	\$300		
1 Dinner Table	\$50		
1 Microwave	\$50		
1 Refrigerator	\$75		
10 Desks	(1000)		
4 Beds	\$400		\$6,475.00

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

**\$6,475.00**

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
- ☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

Debtor Skyline EMS Inc. Case number (if known) 16-70551

Name

**General description**Include year, make, model, and identification numbers  
(i.e., VIN, HIN, or N-number)**Net book value of  
debtor's interest**  
(Where available)**Valuation method  
used for current value****Current value of  
debtor's interest****47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1.	1FDWE35F6YHB32294	(\$6,500)		
	1FDSS34F5WHB68760	(\$5,000)		
	1FTNE24L11HB66389	(\$3,500)		
	1FDWE35F12HA85506	(\$7,500)		
	1FDWE35F61HB76866	(\$7,000)		
				<b>\$29,500.00</b>

**47.2. 3 ambulances**

1994 Ford E-350  
1995 Ford E-350  
1999 Ford E-350

with all equipment in them (stretchers, AED's  
and miscellaeneous equipment)

Not titled in Debtor's name

Titled in seller's name Juan Quintanilla

**\$15,000.00****48. Watercraft, trailers, motors, and related accessories** Examples: Boats  
trailers, motors, floating homes, personal watercraft, and fishing vessels**49. Aircraft and accessories****50. Other machinery, fixtures, and equipment (excluding farm  
machinery and equipment)**

1 Eagle Ventilator	6500		
4 Lifepak 12	11,500		
4 AED's	2,500		
5 Stretchers	5,000		
9 Radios	900		
5 BLS Equipment in trucks	12,500		
5 AIS equipment in trucks	10,000		
Supply room inventory	8,000		
			<b>\$56,900.00</b>

**51. Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$101,400.00****52. Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No  
☐ Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No  
☐ Yes

**Part 9: Real property****54. Does the debtor own or lease any real property?**

☐ No. Go to Part 10.  
☒ Yes. Fill in the information below.

Debtor **Skyline EMS Inc.** Case number (if known) **16-70551**  
 Name

**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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55.1. **Type: Leased property in Mission,  
Texas  
Leased property in Mission, Texas  
1626 E Griffin Pkwy Ste B  
Mission, TX  
Approximately 2400 sq ft of work  
area**

**Lease**

**\$0.00**

**56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

**\$0.00**

**57. Is a depreciation schedule available for any of the property listed in Part 9?**

☒ No  
☐ Yes

**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**

☒ No  
☐ Yes

**Part 10: Intangibles and Intellectual Property**

**59. Does the debtor have any interests in intangibles or intellectual property?**

☒ No. Go to Part 11.  
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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60. Patents, copyrights, trademarks, and trade secrets

61. Internet domain names and websites

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

**66. Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

**\$0.00**

**67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?**

☒ No  
☐ Yes

**68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No  
☐ Yes

**69. Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No  
☐ Yes

Debtor **Skyline EMS Inc.**  
NameCase number (if known) **16-70551****Part 11: All other assets****70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
- ☐ Yes. Fill in the information below.

Current value of  
debtor's interest**71. Notes receivable**

Description (include name of obligor)

**72. Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

**73. Interests in insurance policies or annuities****74. Causes of action against third parties (whether or not a lawsuit has been filed)****75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims****76. Trusts, equitable or future interests in property****77. Other property of any kind not already listed** Examples: Season tickets, country club membership**78. Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

**\$0.00****79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

Debtor **Skyline EMS Inc.**  
NameCase number (if known) **16-70551****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$14,062.40</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$1,012,400.51</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$6,475.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$101,400.00</u>	
88. Real property. <i>Copy line 56, Part 9.....</i> →		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+\$0.00</u>	
91. Total. Add lines 80 through 90 for each column. 91a.	<u>\$1,134,337.91</u>	91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<u>\$1,134,337.91</u>



**Fill in this information to identify the case:**

Debtor name Skyline EMS Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) 16-70551

☐ Check if this is an amended filing

## Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

*Column A*  
**Amount of claim**  
Do not deduct the value of collateral.

*Column B*  
**Value of collateral that supports this claim**

2.1	Creditor's name	Describe debtor's property that is subject to a lien	<b>\$227,025.00</b>	<b>\$471,212.97</b>
	<b>IRS</b>	<b>Current A/R</b>		
	Creditor's mailing address	Describe the lien		
	<b>Centralized Insolvency</b>	<b>Trust Fund taxes</b>		
	<b>P.O. Box 7346</b>			
	<b>Philadelphia PA 19101-7346</b>	Is the creditor an insider or related party?		
	Creditor's email address, if known	<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Date debt was incurred <b>4/1/2014</b>	Is anyone else liable on this claim?		
	Last 4 digits of account number	<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:		
	<input checked="" type="checkbox"/> No	Check all that apply.		
	<input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.****\$242,025.00**

Debtor **Skyline EMS Inc.**Case number (if known) **16-70551****Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

**Column A**  
**Amount of claim**  
 Do not deduct the  
 value of collateral.

**Column B**  
**Value of collateral**  
**that supports**  
**this claim**

<b>2.2</b>	<b>Creditor's name</b> <b>Neveria Los Barilles</b>	<b>Describe debtor's property that is subject to a lien</b>	<b>Unknown</b>	<b>\$0.00</b>
	<b>Creditor's mailing address</b> <b>1626 E Griffin Pkwy Ste A</b>	<b>Cam Charges are extra Debtor leases space to run i</b>		
	<b>Mission, TX</b>	<b>Describe the lien</b> <b>Contract/Lease</b>		
	<b>Creditor's email address, if known</b>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Date debt was incurred</b>	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

**Cam Charges are extra**  
**Debtor leases space to run its business - an ambulance service company**

<b>2.3</b>	<b>Creditor's name</b> <b>Texas National Bank</b>	<b>Describe debtor's property that is subject to a lien</b>	<b>\$15,000.00</b>	<b>\$15,000.00</b>
	<b>Creditor's mailing address</b> <b>P.O. Box 777</b>	<b>3 ambulances</b>		
	<b>Mercedes TX 78570</b>	<b>Describe the lien</b> <b>Debt</b>		
	<b>Creditor's email address, if known</b>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Date debt was incurred</b> <b>4/1/2015</b>	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

**2 year contract**  
**Beginning April 2015**

**Fill in this information to identify the case:**

Debtor Skyline EMS Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) 16-70551

☐ Check if this is an amended filing

## Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim      Priority amount

**2.1** Priority creditor's name and mailing address

Texas Workforce Commission

101 E. 15th St.

Austin      TX      78778-0001

Date or dates debt was incurred

2/1/2015

Last 4 digits of account number                         

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( 8 )

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:

Taxes

Is the claim subject to offset?

- ☒ No
- ☐ Yes

\$5,231.89

\$5,231.89

Debtor **Skyline EMS Inc.**Case number (if known) **16-70551****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1</div> <b>Nonpriority creditor's name and mailing address</b> <u>A/R Concepts</u> <u>17806 W. Interstate 10 Ste 104</u>  <u>San Antonio TX 78257</u>  <u>Date or dates debt was incurred 11/12/2014</u> <u>Last 4 digits of account number      </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lawsuit</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$66,220.48</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.2</div> <b>Nonpriority creditor's name and mailing address</b> <u>Airgass USA LLC</u> <u>110 West 7th St. Ste 1400</u>  <u>Tulsa OK 74119</u>  <u>Date or dates debt was incurred 9/30/2014</u> <u>Last 4 digits of account number 6 8 1 4</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>inventory purchases</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.3</div> <b>Nonpriority creditor's name and mailing address</b> <u>Ambit Energy</u> <u>P.O. Box 660462</u>  <u>Dallas TX 75266</u>  <u>Date or dates debt was incurred 1/1/2013</u> <u>Last 4 digits of account number      </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Electrical Service</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$576.88</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.4</div> <b>Nonpriority creditor's name and mailing address</b> <u>Edimis</u> <u>P.O.Box 1567</u>  <u>Collierville TN 38027</u>  <u>Date or dates debt was incurred 4/1/2015</u> <u>Last 4 digits of account number      </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Software product</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$430.00</u>

Debtor Skyline EMS Inc.Case number (if known) 16-70551**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.5</div> Nonpriority creditor's name and mailing address <u>IRS</u> <u>Centralized Insolvency</u> <u>P.O. Box 7346</u>  <u>Philadelphia</u> <u>PA</u> <u>19101-7346</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>   </u> <u>   </u> <u>   </u> <u>   </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trust Fund taxes</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$106,417.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.6</div> Nonpriority creditor's name and mailing address <u>Moore Medical LLC</u> <u>1690 New Britain Ave</u> <u>P.O. Box 4066</u>  <u>Farmington</u> <u>CT</u> <u>06032</u> Date or dates debt was incurred <u>8/23/2014</u> Last 4 digits of account number <u>5</u> <u>3</u> <u>1</u> <u>5</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>equipment</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,506.81</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.7</div> Nonpriority creditor's name and mailing address <u>Pulmonair</u> <u>5563 DeZavala Road, Ste 130</u>  <u>San Antonio</u> <u>TX</u> <u>78249</u> Date or dates debt was incurred <u>6/9/2014</u> Last 4 digits of account number <u>   </u> <u>   </u> <u>   </u> <u>   </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>equipment</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$17,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.8</div> Nonpriority creditor's name and mailing address <u>RGV Sanitation Control</u>  <u>Edinburg</u> <u>TX</u> <u>78540</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>   </u> <u>   </u> <u>   </u> <u>   </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trash removal</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$256.34</u>

Debtor Skyline EMS Inc.Case number (if known) 16-70551**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.9</b> Nonpriority creditor's name and mailing address <u>RYANLAW</u> <u>100 Congress Ave. Suite 950</u>  <u>Austin TX 78701</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Legal Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$14,696.13</u>
<b>3.10</b> Nonpriority creditor's name and mailing address <u>RYANLAW</u> <u>100 Congress Ave. Suite 950</u>  <u>Austin TX 78701</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Legal Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$133.36</u>
<b>3.11</b> Nonpriority creditor's name and mailing address <u>Sprint</u> <u>P.O. Box 8077</u>  <u>London KY 40742</u>  Date or dates debt was incurred <u>4/4/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$450.00</u>
<b>3.12</b> Nonpriority creditor's name and mailing address <u>T-Mobile</u> <u>P.O. Box 660252</u>  <u>Dallas TX 75266-0252</u>  Date or dates debt was incurred <u>7/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Service</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$450.00</u>

Debtor Skyline EMS Inc.Case number (if known) 16-70551**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.13</b> Nonpriority creditor's name and mailing address <u>Texas National Bank</u> <u>P.O. Box 777</u>  <u>Mercedes TX 78570</u>  Date or dates debt was incurred <u>6/5/2015</u> Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Service</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,000.00</u>
<b>3.14</b> Nonpriority creditor's name and mailing address <u>Time Warner Cable</u> <u>P.O.Box 460849</u>  <u>San Antonio TX 78246</u>  Date or dates debt was incurred <u>3/1/2014</u> Last 4 digits of account number <u>0</u> <u>5</u> <u>3</u> <u>2</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Service</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,306.18</u>
<b>3.15</b> Nonpriority creditor's name and mailing address <u>Top Frog Diesel-N-Gas</u> <u>204 East Veterans Memorial Blvd</u>  <u>Harker Heights TX 76548</u>  Date or dates debt was incurred <u>2/1/2015</u> Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,500.00</u>
<b>3.16</b> Nonpriority creditor's name and mailing address <u>Webmedic Pro</u> <u>11 State St.</u>  <u>Woburn MA 01801</u>  Date or dates debt was incurred <u>7/1/2014</u> Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Patient Reporting Software</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$16,082.00</u>

Debtor Skyline EMS Inc. Case number (if known) 16-70551**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

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5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1 5a. \$5,231.895b. Total claims from Part 2 5b. + \$244,025.185c. Total of Parts 1 and 2 5c. \$249,257.07  
Lines 5a + 5b = 5c.



**Fill in this information to identify the case:**

Debtor name Skyline EMS Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) 16-70551 Chapter 11

☐ Check if this is an amended filing

## Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

<b>2.1</b>	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	Oxygen provider for ambulance patients Contract to be ASSUMED   _____ _____	Airgass USA LLC 110 West 7th St. Ste 1400 _____ _____ Tulsa OK 74119
<b>2.2</b>	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	Electricity Contract to be ASSUMED   _____ _____	Ambit Energy P.O. Box 660462 _____ _____ Dallas TX 75266
<b>2.3</b>	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	Billing Program Contract to be ASSUMED   _____ _____	Edimis P.O.Box 1567 _____ _____ Collierville TN 38027
<b>2.4</b>	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	Lease of space for ambulance storage Contract to be ASSUMED   _____ _____	Elizalde Ramirez 310 E. Main PMB 213 _____ _____ Alton TX 78573

Debtor Skyline EMS Inc.Case number (if known) 16-70551**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5	State what the contract or lease is for and the nature of the debtor's interest	Building Lease Contract to be ASSUMED	Neveria Los Barilles 1626 E Griffin Pkwy Ste B Mission, TX
	State the term remaining		
	List the contract number of any government contract		
2.6	State what the contract or lease is for and the nature of the debtor's interest	Ventilators for Transport of Critical patients Contract to be REJECTED	Pulmonair 5563 DeZavala Road, Ste 130
	State the term remaining		
	List the contract number of any government contract		San Antonio TX 78249
2.7	State what the contract or lease is for and the nature of the debtor's interest	Cam Charges are extra Debtor leases space to run its business - an ambulance service company Contract to be ASSUMED	Ricardo Pinan 1626 E Griffin Pkwy Ste B Mission, TX
	State the term remaining	4 payment(s)	
	List the contract number of any government contract		
2.8	State what the contract or lease is for and the nature of the debtor's interest	Ambulance Radios and GPS trackers Contract to be ASSUMED	Sprint P.O. Box 8077
	State the term remaining		
	List the contract number of any government contract		London KY 40742
2.9	State what the contract or lease is for and the nature of the debtor's interest	Company Cells Contract to be ASSUMED	T-Mobile P.O. Box 669252
	State the term remaining		
	List the contract number of any government contract		Dallas TX 75266-0252

Debtor Skyline EMS Inc. Case number (if known) 16-70551

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.10	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	Internet service Contract to be ASSUMED      	Time Warner Cable <u>P.O.Box 460849</u>     <u>San Antonio TX 78246</u>
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**Fill in this information to identify the case:**

Debtor name Skyline EMS Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) 16-70551

☐ Check if this is an amended filing

Official Form 206H

**Schedule H: Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Does the debtor have any codebtors?**

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: **Codebtor**Column 2: **Creditor**

Name

Mailing address

Name

Check all schedules that apply:

**Fill in this information to identify the case:**Debtor Name Skyline EMS Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number (if known): 16-70551☐ Check if this is an amended filing

## Official Form 206Sum

**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from Schedule A/B..... **\$0.00****1b. Total personal property:**Copy line 91A from Schedule A/B..... **\$1,134,337.91****1c. Total of all property**Copy line 92 from Schedule A/B..... **\$1,134,337.91****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D..... **\$242,025.00****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of Schedule E/F..... **\$5,231.89****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... **+ \$244,025.18****4. Total liabilities**Lines 2 + 3a + 3b..... **\$491,282.07**

**Fill in this information to identify the case and this filing:**

Debtor Name Skyline EMS Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) 16-70551

**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☐ Amended Schedule \_\_\_\_\_
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/09/2017  
MM / DD / YYYY

**X** /s/ Maria Isabel Rodriguez  
Signature of individual signing on behalf of debtor

**Maria Isabel Rodriguez**  
Printed name  
**President**  
Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name Skyline EMS Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) 16-70551

☐ Check if this is an amended filing

## Official Form 207

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue  
Check all that apply.

Gross revenue  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2016 to Filing date  
MM/DD/YYYY

☒ Operating a business  
☐ Other \_\_\_\_\_

For prior year:

From 01/01/2015 to 12/31/2015  
MM/DD/YYYY MM/DD/YYYY

☒ Operating a business  
☐ Other \_\_\_\_\_

For the year before that:

From 01/01/2014 to 12/31/2014  
MM/DD/YYYY MM/DD/YYYY

☒ Operating a business  
☐ Other \_\_\_\_\_

**\$1,406,893.43**

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address

Dates

Total amount or value

Reasons for payment or transfer  
Check all that apply

**3.1. Internal Revenue Service**

Creditor's name  
1101 E Hackberry Ave  
Street

McAllen TX 78501  
City State ZIP Code

☐ Secured debt  
☐ Unsecured loan repayments  
☐ Suppliers or vendors  
☐ Services  
☒ Other Payment of Employee

Debtor **Skyline EMS Inc.**  
NameCase number (if known) **16-70551****4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Description of the property	Date	Value of property
5.1. <b>Internal Revenue Service</b> Creditor's name <b>1101 E Hackberry</b> Street	<b>31477.12 Levy</b>		<b>\$31,477.12</b>
<b>McAllen</b> City	<b>TX</b> State	<b>78501</b> ZIP Code	

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity--within 1 year before filing this case.

☒ None**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None



Debtor **Skyline EMS Inc.**  
Name

Case number (if known) **16-70551**

#### Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

#### Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

#### Part 6: Certain Payments or Transfers

##### 11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☒ None

##### 12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

##### 13. Transfers not already listed on this statement

List any transfers of money or other property--by sale, trade, or any other means--made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

#### Part 7: Previous Locations

##### 14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Debtor **Skyline EMS Inc.**  
Name

Case number (if known) **16-70551**

## Part 8: Health Care Bankruptcies

### 15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- ☐ diagnosing or treating injury, deformity, or disease, or
- ☐ providing any surgical, psychiatric, drug treatment, or obstetric care?
- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

## Part 9: Personally Identifiable Information

### 16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained \_\_\_\_\_  
Does the debtor have a privacy policy about that information?  
☐ No.  
☐ Yes.

### 17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?  
☐ No. Go to Part 10.  
☐ Yes. Fill in below:

## Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

### 18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts, certificates of deposit, and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

### 19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☒ None

### 20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- ☒ None

Debtor **Skyline EMS Inc.**  
NameCase number (if known) **16-70551****Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None
**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?**

Include settlements and orders.

- ☒ No  
☐ Yes. Provide details below.

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No  
☐ Yes. Provide details below.

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No  
☐ Yes. Provide details below.

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name and address	Describe the nature of the business	Employer Identification number
25.1. <b>Skyline EMS Inc.</b>		Do not include Social Security number or ITIN.
Name	ambulance transportation service	EIN: <u>2</u> <u>7</u> - <u>2</u> <u>6</u> <u>7</u> <u>4</u> <u>2</u> <u>8</u> <u>6</u>
<b>1626 East Griffin Pkwy</b>		
Street		Dates business existed
<b>Suit B</b>		From <u>5/10/2010</u> To <u>present</u>
<b>Mission</b>	<b>TX 78572</b>	
City	State ZIP Code	

Debtor **Skyline EMS Inc.** Case number (if known) **16-70551**  
 Name

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Dates of service

26a.1. **Samantha Cantu** From **11/2/2014** To **present**  
 Name  
**1626 Griffin Prkway**  
 Street  
 \_\_\_\_\_  
**Mission** **TX** **78572**  
 City State ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1. **Skyline EMS, Inc.**  
 Name  
**1626 E Griggin Prkway Ste B**  
 Street  
 \_\_\_\_\_  
**Mission** **TX** **78572**  
 City State ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No.

☒ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

**Carlos Garza** **1/1/2015** **\$93,225.00**

Name and address of the person who has possession of inventory records

27.1. **Skyline EMS, Inc.**  
 Name  
**1626 E Griffin Pkway**  
 Street  
**Ste B**  
 \_\_\_\_\_  
**Mission** **TX** **78572**  
 City State ZIP Code

Debtor	<b>Skyline EMS Inc.</b>	Case number (if known)	<b>16-70551</b>
	Name		
Name of the person who supervised the taking of the inventory		Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
<b>Juan Cordero</b>		<b>11/2015</b>	<b>\$93,225.00</b>

Name and address of the person who has possession of inventory records

27.2. **Skyline EMS, Inc.**

Name

**1626 E. Griffin Pkway**

Street

**Ste B**

---

<b>Mission</b>	<b>TX</b>	<b>78572</b>
City	State	ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
<b>Maria I. Rodriguez</b>	<b>701 E. 28th Mission, TX 78574</b>	<b>President</b>	<b>100%</b>

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
- ☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
------	---------	-------------------------------------	---

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
- ☐ Yes. Identify below.

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
- ☐ Yes. Identify below.

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
- ☐ Yes. Identify below.

Debtor **Skyline EMS Inc.**  
NameCase number (if known) **16-70551****Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **01/09/2017**  
MM / DD / YYYY

**X /s/ Maria Isabel Rodriguez**

Printed name **Maria Isabel Rodriguez**

Signature of individual signing on behalf of the debtor

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No  
☐ Yes

**Fill in this information to identify the case:**

Debtor name Skyline EMS Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number 16-70551  
(if known)

☐ Check if this is an amended filing

**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claims resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	IRS Centralized Insolvency P.O. Box 7346 Philadelphia, PA 19101-7346		Trust Fund taxes				\$106,417.00
2	A/R Concepts 17806 W. Interstate 10 Ste 104 San Antonio, TX 78257		Lawsuit	Disputed			\$66,220.48
3	Pulmonair 5563 DeZavala Road, Ste 130 San Antonio, TX 78249		equipment	Disputed			\$17,000.00
4	Webmedic Pro 11 State St. Woburn, MA 01801		Patient Reporting Software	Disputed			\$16,082.00
5	RYANLAW 100 Congress Ave. Suite 950 Austin, TX 78701		Legal Services				\$14,696.13

Debtor **Skyline EMS Inc.**  
NameCase number (if known) **16-70551**

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
6	Moore Medical LLC 1690 New Britain Ave P.O. Box 4066 Farmington, CT 06032		equipment				\$6,506.81
7	Top Frog Diesel-N-Gas 204 East Veterans Memorial Blvd Harker Heights, TX 76548		Services	Disputed			\$6,500.00
8	Texas Workforce Commission 101 E. 15th St. Austin, TX 78778-0001		Taxes				\$5,231.89
9	Texas National Bank P.O. Box 777 Mercedes, TX 78570		Service				\$4,000.00
10	Airgass USA LLC 110 West 7th St. Ste 1400 Tulsa, OK 74119		inventory purchases				\$3,000.00
11	Time Warner Cable P.O.Box 460849 San Antonio, TX 78246		Service				\$1,306.18
12	Ambit Energy P.O. Box 660462 Dallas, TX 75266		Electrical Service				\$576.88
13	T-Mobile P.O. Box 660252 Dallas, TX 75266-0252		Service				\$450.00



Debtor **Skyline EMS Inc.**  
NameCase number (if known) **16-70551**

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
14	Sprint P.O. Box 8077 London, KY 40742		Services				\$450.00
15	Edimis P.O.Box 1567 Collierville, TN 38027		Software product				\$430.00
16	RGV Sanitation Control  Edinburg, TX 78540		Trash removal				\$256.34
17	RYANLAW 100 Congress Ave. Suite 950 Austin, TX 78701		Legal Services				\$133.36

A/R Concepts  
17806 W. Interstate 10 Ste 104  
San Antonio, TX 78257

Airgass USA LLC  
110 West 7th St. Ste 1400  
Tulsa, OK 74119

Ambit Energy  
P.O. Box 660462  
Dallas, TX 75266

Edimis  
P.O.Box 1567  
Collierville, TN 38027

IRS  
Centralized Insolvency  
P.O. Box 7346  
Philadelphia, PA 19101-7346

Moore Medical LLC  
1690 New Britain Ave  
P.O. Box 4066  
Farmington, CT 06032

Neveria Los Barilles  
1626 E Griffin Pkwy Ste A  
Mission, TX

Pulmonair  
5563 DeZavala Road, Ste 130  
San Antonio, TX 78249

RGV Sanitation Control  
Edinburg, TX 78540

RYANLAW  
100 Congress Ave. Suite 950  
Austin, TX 78701

Sprint  
P.O. Box 8077  
London, KY 40742

T-Mobile  
P.O. Box 660252  
Dallas, TX 75266-0252

Texas National Bank  
P.O. Box 777  
Mercedes, TX 78570

Texas National Bank  
P.O. Box 777  
Mercedes, Texas 78570

Texas Workforce Commission  
101 E. 15th St.  
Austin, TX 78778-0001

Time Warner Cable  
P.O.Box 460849  
San Antonio, TX 78246

Top Frog Diesel-N-Gas  
204 East Veterans Memorial Blvd  
Harker Heights, TX 76548

Webmedic Pro  
11 State St.  
Woburn, MA 01801

Debtor(s): Skyline EMS Inc.

Case No: 16-70551

Chapter: 11

SOUTHERN DISTRICT OF TEXAS  
MCALLEN DIVISION

A/R Concepts  
17806 W. Interstate 10 Ste 104  
San Antonio, TX 78257

Sprint  
P.O. Box 8077  
London, KY 40742

Airgass USA LLC  
110 West 7th St. Ste 1400  
Tulsa, OK 74119

T-Mobile  
P.O. Box 660252  
Dallas, TX 75266-0252

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Edimis  
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Collierville, TN 38027

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IRS  
Centralized Insolvency  
P.O. Box 7346  
Philadelphia, PA 19101-7346

Texas Workforce Commission  
101 E. 15th St.  
Austin, TX 78778-0001

Moore Medical LLC  
1690 New Britain Ave  
P.O. Box 4066  
Farmington, CT 06032

Time Warner Cable  
P.O.Box 460849  
San Antonio, TX 78246

Neveria Los Barillos  
1626 E Griffin Pkwy Ste A  
Mission, TX

Top Frog Diesel-N-Gas  
204 East Veterans Memorial Blvd  
Harker Heights, TX 76548

Pulmonair  
5563 DeZavala Road, Ste 130  
San Antonio, TX 78249

Webmedic Pro  
11 State St.  
Woburn, MA 01801

RGV Sanitation Control  
Edinburg, TX 78540

RYANLAW  
100 Congress Ave. Suite 950  
Austin, TX 78701

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
MCALLEN DIVISION**

IN RE:  
**Skyline EMS Inc.**

CHAPTER 11

DEBTOR(S)

CASE NO 16-70551

**LIST OF EQUITY SECURITY HOLDERS**

<b>Registered Name of Holder of Security Last Known Address or Place of Business</b>	<b>Class of Security</b>	<b>Number Registered</b>	<b>Kind of Interest Registered</b>
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Maria Isabel Rodriguez  
701 East 28th St.  
Mission, TX 78574

100%

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the President of the Corporation  
named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: 1/9/2017

Signature: /s/ Maria Isabel Rodriguez  
Maria Isabel Rodriguez  
President

A/R Concepts  
17806 W. Interstate 10 Ste 104  
San Antonio, TX 78257

Sprint  
P.O. Box 8077  
London, KY 40742

Airgass USA LLC  
110 West 7th St. Ste 1400  
Tulsa, OK 74119

T-Mobile  
P.O. Box 660252  
Dallas, TX 75266-0252

Ambit Energy  
P.O. Box 660462  
Dallas, TX 75266

Texas National Bank  
P.O. Box 777  
Mercedes, TX 78570

Edimis  
P.O.Box 1567  
Collierville, TN 38027

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Mercedes, Texas 78570

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Centralized Insolvency  
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Philadelphia, PA 19101-7346

Texas Workforce Commission  
101 E. 15th St.  
Austin, TX 78778-0001

Moore Medical LLC  
1690 New Britain Ave  
P.O. Box 4066  
Farmington, CT 06032

Time Warner Cable  
P.O.Box 460849  
San Antonio, TX 78246

Neveria Los Barilles  
1626 E Griffin Pkwy Ste A  
Mission, TX

Top Frog Diesel-N-Gas  
204 East Veterans Memorial Blvd  
Harker Heights, TX 76548

Pulmonair  
5563 DeZavala Road, Ste 130  
San Antonio, TX 78249

Webmedic Pro  
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Woburn, MA 01801

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Edinburg, TX 78540

RYANLAW  
100 Congress Ave. Suite 950  
Austin, TX 78701

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
MCALLEN DIVISION**

In re: **Skyline EMS Inc.**CASE NO **16-70551**CHAPTER **11**

**BUSINESS INCOME AND EXPENSES**

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

## PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income for 12 Months Prior to Filing:	<b>\$2,085,365.22</b>
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## PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income:	<b>\$135,000.00</b>
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## PART C - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

3. Net Employee Payroll (Other Than Debtor):	<b>\$50,000.00</b>
4. Payroll Taxes:	<b>\$20,000.00</b>
5. Unemployment Taxes:	<b>\$6,500.00</b>
6. Worker's Compensation:	<b>\$0.00</b>
7. Other Taxes:	<b>\$0.00</b>
8. Inventory Purchases (including raw materials):	<b>\$1,500.00</b>
9. Purchase of Feed/Fertilizer/Seed/Spray:	<b>\$0.00</b>
10. Rent (other than debtor's principal residence):	<b>\$2,000.00</b>
11. Utilities:	<b>\$2,000.00</b>
12. Office Expenses and Supplies:	<b>\$1,500.00</b>
13. Repairs and Maintenance:	<b>\$5,106.00</b>
14. Vehicle Expenses:	<b>\$8,000.00</b>
15. Travel and Entertainment:	<b>\$300.00</b>
16. Equipment Rental and Leases:	<b>\$2,000.00</b>
17. Legal/Accounting/Other Professional Fees:	<b>\$1,500.00</b>
18. Insurance:	<b>\$4,000.00</b>
19. Employee Benefits (e.g., pension, medical, etc.):	<b>\$0.00</b>
20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts (Specify):	<b>None</b>
21. Other (Specify):	<b>None</b>
22. Total Monthly Expenses (Add items 3 - 21)	<b>\$104,406.00</b>

## PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2):	<b>\$30,594.00</b>
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